

ÖQYÁJØPØØUÜÖ

TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (Including Area Code)

OFFICE FAX NUMBER (Including Area Code)

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.

HAUL

DRIVE

TOW

DIMENSIONS OF LOAD

DESCRIPTION OF HAULING EQUIPMENT:

PERMIT VALID:

FROM:

TO:

MOVEMENT AUTHORIZED:

PERMIT VALID FOR 7 CONSECUTIVE DAYS

SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.

NO NIGHT TRAVEL

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:



Permit Conditions



Holiday Restrictions



VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN: _____ DESTINATION: _____

AUTHORIZED ROADS / STREETS / HIGHWAYS	For office use only

PILOT CAR YES NO

CASH, CHARGE EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE	NUMBER OF TRIPS
	\$	
	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

CONTACT PERSON (PRINT)